

**DRAFT**

REQUEST FOR PURCHASE				NO. [ASK YOUR R.A.]	
INSTALLATION <b>SCHRIEVER AFB, COLO.</b>				DATE	
TO: CONTRACTING OFFICER <b>50 CONS/[LGC for CE Customers, LGCB for all others, except LGCX for specialized]</b>				CLASS [LEAVE BLANK]	
THROUGH <b>21SW/FMFC (the DFAS liaison office at Peterson AFB)</b>				CONTRACT, PURCHASE ORDER OR DELIVERY ORDER NO.	
FROM: (Insert RC/CC, if applicable) [YOUR NAME, UNIT, PHONE AND ADDRESS]				[LEAVE BLANK]	
IT IS REQUESTED THAT THE SUPPLIES AND SERVICES ENUMERATED BELOW AND IN THE ATTACHED LIST, BE					
PURCHASED FOR [END ITEM, EVENT, OR PURPOSE]		FOR DELIVERY TO [WHERE SERVICE WILL OCCUR]		NOT LATER THAN [BE REASONABLE]	
ITEM	DESCRIPTION OF MATERIAL OR SERVICES TO BE PURCHASED	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0001	<p><b>SERVICES, NONPERSONAL, TO PROVIDE LABOR, TOOLS, MATERIALS, AND TRANSPORTATION TO [INSTALL/REPAIR/PERFORM/WHATEVER SERVICE-- DESCRIBE SERVICE IN DETAIL SO THAT A PERSON OTHER THAN YOURSELF CAN UNDERSTAND THE REQUIREMENT--INCLUDE PLACE SERVICE IS TO BE PERFORMED--ATTACH STATEMENT OF WORK IF NEEDED--AVOID USE OF ACRONYMS--INCLUDE A SUGGESTED SOURCE(S) W/FIRM NAME, ADDRESS, PHONE, AND P.O.C.]</b></p> <p><b>COORDINATIONS (list as needed, but always include your RA and FM, in the following manner):</b> 50SW/FM _____</p> <p><b>ALWAYS ADD THIS STATEMENT, IF TRUE:</b> "I have reviewed the requirement, including available technical documentation, and believe that it does not require the contractor to use Class I ozone depleting substances (ODS) identified in Air Force Policy, nor is it written so that it can only be met by the use of a Class I ODS." (IF NOT TRUE, TALK TO THE CONTRACTING OFFICER)</p> <p><b>IF UNDER \$2,500, ADD STATEMENT: IMPAC not usable for this requirement because _____.</b></p>	1	JB JB job EA each GL gallon LB pound LI liter RM ream BT bottle HD hundred IN inch LO lot BG bag LF linear feet	\$ 5000.00	\$ 5000.00
<b>TOTAL</b>				\$	5,000.00
PURPOSE [PROVIDE A BRIEF DESCRIPTION OF HOW THE ITEM WILL BE USED OR THE REASON THE SERVICE IS NEEDED--IF FOR A PARTICULAR EVENT SPECIFY THE EVENT (SUCH AS AN ITEM FOR THE BASE PICNIC)]					
DATE	TYPED NAME AND GRADE OF REQUESTING OFFICIAL [OFTEN YOUR RESOURCE ADVISER (R.A.), BUT FOLLOW YOUR SQUADRON GUIDELINES HERE]	SIGNATURE			
		TELEPHONE NO.			
DATE	TYPED NAME AND GRADE OF APPROVING OFFICIAL [SQUADRON COMMANDER OR DESIGNEE]	SIGNATURE			
I certify that the supplies and services listed above and in the attached list are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.					
ACCOUNTING CLASSIFICATION [FUND CITATION USUALLY ENTERED BY R.A.; HANDWRITTEN IS OKAY]				AMOUNT \$	
DATE	TYPED NAME AND GRADE OF CERTIFYING OFFICIAL [LEAVE BLANK--50 CONS WILL OBTAIN THIS SIGNATURE VIA PR EXPRESS]	SIGNATURE			